

State Form 4606 (R14 / 10-17) Indiana Election Division (IC 3-9-5-14)

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT? ☐ Yes OF

(CFA-4) **Summary Sheet**

FILE NUMBER TOTAL PAGES IN ENTIRE CFA-4 REPORT

	-		
COMMITTEE INFORMATION			
1. Full Name of Committee (as on Statement of Organization) Check if this is a new r	name.	*:	
Committee to Elect Lois Sosinski			
Acronym or Abbreviated Name (if any)	3. Committee Tel	lephone Number	
	(219)	898-655	6
	Check if this is a new	w address.	
1623 W. ARNOT Ct.	0 D-+ AFE!	(f l' h l -)	
5. City, State, ZIP Code LA PORTE, IN 46350	6. Party Affiliation		=
CANDIDATE INFORMATION (For Candidate's C	ommittees Only		
7. Full Name of Candidate (Include any nickname.)	8. Party Affiliation	or If Independent	Candidate
Lois Sosinski	Democr	nt	9,50
9. Office Sought (Include district number, if any. Not required for exploratory committee.)	10. County of Res		
LAPORTE County Recorder	LAPORTE	_	
TYPE OF REPORT	and the North Street of the	CONVENTION	CANDIDATES ONLY
11. Check one:		Check one:	1
Pre-Primary Pre-Election Annual Nomination Other		Pre-Conve	ntion
Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) Utgoing Treasurer (Within ten (10) days amend State	ement of Organization.)	Post-Conve	ention
12. Reporting Period (mm/dd/yy):		LUMN A	COLUMN B
From: 10-10-20 Through: 12-31-20	Thi	s Period	Year to Date
13. Cash on hand and investments at the beginning of this reporting period.		156.00	
14. Cash on hand and investments January 1, current year.			.00
CONTRIBUTIONS AND RECEIPTS	WART COLLEGE		
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)	BEAUTIE .		
15a. Itemized (Use Schedule A.)		341.00	3,588.8
15b. Unitemized		-1.	7 500 00
15c. Add lines 15a and 15b in both columns.		341.00	3,588.81
	OTAL	497.00	3,588,87
EXPENDITURES			
(Note: These amounts include in-kind expenditures and loan repayments.)			3 1 1 2 2
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)		497.00	5,488.87
17b. Unitemized			100.00
17c. Add lines 17a and 17b in both columns.	OTAL	497.00	3,586.87
	TOTAL	.00	.00
19. Debts OWED BY the committee (Use Schedule D. Debt of 2,388 17 to Candida	ate	.00	
20. Debts OWED TO the committee (Use Schedule E.) Forgiven by Candidate			
CERTIFICATION		4 4	KAZEROE PREFONTA
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRU	UE, CORRECT AND CO		OTTICE 7
Signature of Treasurer Title Graduler	Date (mm/do	h I IANI C	2 0 2021
Signature of Gandidate (if applicable)	Date (mm/do	1.50.50	
WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. (10	3-9-4-5) A person wh	o knowing ylacon	u Stevens
files a fraudulent report commits a Level 6 felony. (IC 3-14-1-13) A person who fails to file a complete or accurate Campaion Finance Law commits a Class B misdemeanor. (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9-4-	report as required by	the the anal LA FU	KIE CIRCUIT COURT



State Form 4606 (R14 / 10-17) Election Division (IC 3-9-5-14) Indiana

(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

FILE NUMBER			

Page	1	of	2

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS	TYPE OF CONTRIBUTION	COLUMN A AMOUNT THIS	COLUMN B	DATE RECEIVED (mm/dd/yy)
(street, number, city, state, ZIP code)	OR OTHER RECEIPT	PERIOD	YEAR-TO-DATE	RECEIVED BY
Lois Sosinski 7623 W. Arndt Ct.	Contributions: Direct In-Kind (describe)		7	10/23/20
LAPORTE, IN 46350	Other Receipts: Interest Loan Miscellaneous (specify)	341∞	2,388.57	Committee
Contributor's Occupation (if required)	Contributions:	9		-
2.	Direct In-Kind (describe)		- a	×
4.7	Other Receipts: Interest Loan Miscellaneous (specify)			es ja
Contributor's Occupation (if required)				
3.	Contributions: Direct In-Kind (describe)		, al Selle	
5	Other Receipts: Interest Loan Miscellaneous (specify)			
Contributor's Occupation (if required)	Contributions:			
4.	Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)		a a	
Contributor's Occupation (if required)				
5.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			= -
Contributor's Occupation (if required)		. 711.		
TOTAL OF ALL PAGES OF SCHEDULE A	HIS PAGE OF SCHEDULE A	\$ 341.00		
(Enter total on ITEM	15a of the Summary Sheet.)	\$		



State Form 4606 (R14 / 10-17) Indiana Election Division (IC 3-9-5-14)

(CFA-4 SCHEDULE A-3) CONTRIBUTIONS BY LABOR ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY LABOR ORGANIZATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from labor organizations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

FILE NUMBER					
Page _	2	_ of _	2		

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED (mm/dd/yy) RECEIVED BY
Laborte Democratiz Civic Club Laborte In 46350	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)	-0-	1,000.00	7/10/20 Committee
2.	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)			in the second
3.	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)			
4.	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)			
5.	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)		e e	Agent A sub-
	HIS PAGE OF SCHEDULE A	s — O —		
TOTAL OF ALL PAGES OF SCHEDULE A	ON THE LAST PAGE ONLY 15a of the Summary Sheet.)	\$ 341.00		e. Andri



Form 4606 (R14 / 10-17) Election Division (IC 3-9-5-14 State Indiana

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

FILE NUMBER				
Page_	1	_ of _		

RECIPIENT'S NAME AND MAILING ADDRESS	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE	COLUMN A AMOUNT THIS	COLUMN B CUMULATIVE	DATE OF EXPENDITURE
(street, number, city, state, ZIP code)	OFFICE SOUGHT (if applicable)	PURPOSE (be specific)	PERIOD	YEAR-TO-DATE	(mm/dd/yy)
WEFM 1903 Springland Ave Mich. City, In 46360	Radio Station	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:		971,00	Various
Democratiz Control Comm. Laborte, IN	Political Org/Club	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:		1,663.00	Vanous
WCOE-FM 1700 Lincoln AACE Suite#5 LAPORTE, IN 46350	Radio Station	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	49700	4979	10/23/20
Code	- 100	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			, Ac
. Code	-	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:		e e	
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			ŵ
	SUBTOTAL THIS PAG		\$ 497.00		
TOTAL OF ALL PA	GES OF SCHEDULE B ON THE (Enter total on ITEM 17a of the	ne Summary Sheet.)	\$ 497,00		



(CFA-4 SCHEDULE D)
DEBTS OWED BY THIS COMMITTEE

State Form 4606 (R14 / 10-17) Indiana Election Division (IC 3-9-5-14)

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, OWED BY the committee during the reporting period. Include all amounts owed for or to lend institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

FILE NUMBER				
Page	of			

CREDITOR'S OR LENDER'S NAME AND MAILING ADDRESS	ENDORSER'S OR VENDOR'S NAME AND MAILING ADDRESS (if any)	AMOUNT	DATE DEBT INCURRED	CUMULATIVE PAID	OUTSTANDING BALANCE THIS
(street, number, city, state, ZIP code)	(street, number, city, state, ZIP code)	NATURE OF DEBT	(mm/dd/yy)	YEAR-TO-DATE	PERIOD
Lois Sosinski 7623 W. Arndt Ct. LARCRE In 46350 LENDERS OCCUPATION Recorder-Self		\$34100 Personal Loan/Self	DARIOUS PREVIOUSLY 10/23/20 New	Forgiven #2,38887	-0-
and the same of th		395	× - +		82
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
	-				
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:		SUBTOTA	L THIS PAGE O	F SCHEDULE D	:-0-
	TOTAL OF ALL	PAGES OF SCHEDUL	E D ON THE LA	ST PAGE ONLY	-0-



REPORT OF RECEIPTS AND EXPENDITURES

State Form 4606 (R14 / 10-17) Indiana Election Division (IC 3-9-5-14)

assistance in completing this form, see instructions on the reverse side.

A POLITICAL COMMITTEE

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For

OF

(CFA-4)

Summary Sheet

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT

IS THIS AN AMENDMENT? Yes No		5	
COMMITTEE INFORMATION			
Full Name of Committee (as on Statement of Organization) Check if this is a new	name.		
Committee to Elect Lois SosiNSKi			
2. Acronym or Abbreviated Name (if any)	The second of th	lephone Number	
	(219)	398-6551	0
	Check if this is a ne	w address.	
1623 W. Arndt Ct.			
5. City, State, ZIP Code 10 46350	6. Party Affiliation		9
Director 110	Democ	A PROPERTY OF STREET	
CANDIDATE INFORMATION (For Candidate's C	THE R. P. LEWIS CO., LANSING, SALES		A Condidate
7. Full Name of Candidate (Include any nickname.)		or If Independer	nt Candidate
Lois SosiNski	Democra		
9. Office Sought (Include district number, if any. Not required for exploratory committee.) LABORTE County Recorder	10. County of Re		
TYPE OF REPORT	UTT CK		N CANDIDATES ONLY
11. Check one:		Check one:	
Pre-Primary Pre-Election Annual Nomination Other		Pre-Conv	ention
Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) Outgoing Treasurer (Within ten (10) days amend State	ement of Organization.)	Post-Con	vention
12. Reporting Period (mm/dd/yy):	CC	DLUMN A	COLUMN B
12. Reporting Period ($mm/dd/yy$): From: $5-9-20$ Through: $10-9-20$		DLUMN A is Period	COLUMN B Year to Date
From: 5-9-20 Through: 10-9-20			
		is Period	
From: 5-9-20 Through: 10-9-20 13. Cash on hand and investments at the beginning of this reporting period. 14. Cash on hand and investments January 1, current year. CONTRIBUTIONS AND RECEIPTS		is Period	Year to Date
From: 5-9-20 Through: 10-9-20 13. Cash on hand and investments at the beginning of this reporting period. 14. Cash on hand and investments January 1, current year. CONTRIBUTIONS AND RECEIPTS (Note: these amounts include in-kind contributions and loans, as well as cash contributions.)	Th	is Period	Year to Date
From: 5-9-20 Through: 10-9-20 13. Cash on hand and investments at the beginning of this reporting period. 14. Cash on hand and investments January 1, current year. CONTRIBUTIONS AND RECEIPTS (Note: these amounts include in-kind contributions and loans, as well as cash contributions.) 15a. Itemized (Use Schedule A.)	Th	is Period	Year to Date
13. Cash on hand and investments at the beginning of this reporting period. 14. Cash on hand and investments January 1, current year. CONTRIBUTIONS AND RECEIPTS (Note: these amounts include in-kind contributions and loans, as well as cash contributions.) 15a. Itemized (Use Schedule A.) 15b. Unitemized	а,	700,00	Year to Date
From: 5-9-20 Through: 10-9-20 13. Cash on hand and investments at the beginning of this reporting period. 14. Cash on hand and investments January 1, current year. CONTRIBUTIONS AND RECEIPTS (Note: these amounts include in-kind contributions and loans, as well as cash contributions.) 15a. Itemized (Use Schedule A.) 15b. Unitemized 15c. Add lines 15a and 15b in both columns.	2) OTAL 2	700, 00	Year to Date
From: 5-9-20 Through: 10-9-20 13. Cash on hand and investments at the beginning of this reporting period. 14. Cash on hand and investments January 1, current year. CONTRIBUTIONS AND RECEIPTS (Note: these amounts include in-kind contributions and loans, as well as cash contributions.) 15a. Itemized (Use Schedule A.) 15b. Unitemized 15c. Add lines 15a and 15b in both columns. SUBT 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.	OTAL 2,	700,00	Year to Date
From: 5-9-20 Through: 10-9-20 13. Cash on hand and investments at the beginning of this reporting period. 14. Cash on hand and investments January 1, current year. CONTRIBUTIONS AND RECEIPTS (Note: these amounts include in-kind contributions and loans, as well as cash contributions.) 15a. Itemized (Use Schedule A.) 15b. Unitemized 15c. Add lines 15a and 15b in both columns. SUBT 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.	2) OTAL 2	700, 00	Year to Date
13. Cash on hand and investments at the beginning of this reporting period. 14. Cash on hand and investments January 1, current year. CONTRIBUTIONS AND RECEIPTS (Note: these amounts include in-kind contributions and loans, as well as cash contributions.) 15a. Itemized (Use Schedule A.) 15b. Unitemized 15c. Add lines 15a and 15b in both columns. SUBT 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. EXPENDITURES (Note: These amounts include in-kind expenditures and loan repayments.)	OTAL 2,	700, 00 700, 00	Year to Date
13. Cash on hand and investments at the beginning of this reporting period. 14. Cash on hand and investments January 1, current year. CONTRIBUTIONS AND RECEIPTS (Note: these amounts include in-kind contributions and loans, as well as cash contributions.) 15a. Itemized (Use Schedule A.) 15b. Unitemized 15c. Add lines 15a and 15b in both columns. SUBT EXPENDITURES (Note: These amounts include in-kind expenditures and loan repayments.) 17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)	OTAL 2,	700,00 700,00 700,00	Year to Date
From: 5-9-20 Through: 10-9-20 13. Cash on hand and investments at the beginning of this reporting period. 14. Cash on hand and investments January 1, current year. CONTRIBUTIONS AND RECEIPTS (Note: these amounts include in-kind contributions and loans, as well as cash contributions.) 15a. Itemized (Use Schedule A.) 15b. Unitemized 15c. Add lines 15a and 15b in both columns. SUBT 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. EXPENDITURES (Note: These amounts include in-kind expenditures and loan repayments.) 17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.) 17b. Unitemized	OTAL 2,	700,00 700,00 700,00 700,00	Year to Date
From: 5-9-20 Through: 10-9-20 13. Cash on hand and investments at the beginning of this reporting period. 14. Cash on hand and investments January 1, current year. CONTRIBUTIONS AND RECEIPTS (Note: these amounts include in-kind contributions and loans, as well as cash contributions.) 15a. Itemized (Use Schedule A.) 15b. Unitemized 15c. Add lines 15a and 15b in both columns. SUBT 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. EXPENDITURES (Note: These amounts include in-kind expenditures and loan repayments.) 17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.) 17b. Unitemized 17c. Add lines 17a and 17b in both columns. SUBT	OTAL 2, OTAL 3,	700,00 700,00 700,00 700,00 75.00 744.00	Year to Date
13. Cash on hand and investments at the beginning of this reporting period. 14. Cash on hand and investments January 1, current year. CONTRIBUTIONS AND RECEIPTS (Note: these amounts include in-kind contributions and loans, as well as cash contributions.) 15a. Itemized (Use Schedule A.) 15b. Unitemized 15c. Add lines 15a and 15b in both columns. SUBT 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. EXPENDITURES (Note: These amounts include in-kind expenditures and loan repayments.) 17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.) 17b. Unitemized 17c. Add lines 17a and 17b in both columns. SUBT 18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL 2,	100,00 100,00 100,00 100,00 15.00 14,00 56.00	Year to Date
From: 5-9-20 Through: 10-9-20 13. Cash on hand and investments at the beginning of this reporting period. 14. Cash on hand and investments January 1, current year. CONTRIBUTIONS AND RECEIPTS (Note: these amounts include in-kind contributions and loans, as well as cash contributions.) 15a. Itemized (Use Schedule A.) 15b. Unitemized 15c. Add lines 15a and 15b in both columns. SUBT 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. EXPENDITURES (Note: These amounts include in-kind expenditures and loan repayments.) 17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.) 17b. Unitemized 17c. Add lines 17a and 17b in both columns. SUBT	TOTAL 2,	700,00 700,00 700,00 700,00 75.00 744.00	Year to Date

20. Debts OWED TO the committee (Use Schedul	e E.)		
The Control of the Co	CERTIFICATION		FOR PERICE USE PILYED
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO	THE BEST OF MY KNOWLEDGE AND BELIEF IT IS T	RUE, CORRECT AND COMPLETE.	
Signature of Treaturer.	Title Treasurer	Date (mm/dd/yy)	OCT 1 6 20200
Signature of Candidate (inapplicable)		Date (mm/dd/yy) 10-16-20	
WARNING: Any information contained in this report may not files a fraudulent report commits a Level 6 felony. (IC 3-14 Campaign Finance Law commits a Class B misdemeanor, (IC	-1-13) A person who fails to file a complete or accurat	te report as required by the Indiacae	RK OF LA PORTE CIRCUIT COURT



State Form 4606 (R14 / 10-17) Election Division (IC 3-9-5-14) Indiana

(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

FILE NUMBER					
	2 7 1				
Page _	1_of_2_				

CONTRIBUTOR'S FULL NAME AND OCCUPATION	TYPE OF CONTRIBUTION	COLUMN A	COLUMN B	DATE RECEIVED (mm/dd/yy)
FULL MAILING ADDRESS (street, number, city, state, ZIP code)	OR OTHER RECEIPT	AMOUNT THIS PERIOD	CUMULATIVE YEAR-TO-DATE	RECEIVED BY
1.	Contributions:	PERIOD	TEMIC O'ATE	
The state of the s	Direct			5/9-10/9/20
Lois Gosinsh 7623 W. Arndt Ct.	In-Kind (describe)			,
1623 W. HRMOT CI.		,	1-87	
Labete, IN 46350	Other Receipts: Interest Loan	1,500.00	204781	
	Miscellaneous (specify)		-	Committee
Contributor's Occupation (if required) Candidate	LOAN			
2.	Contributions:			
Market Hawkins	Direct			
Nancy Hawkins 7128 N. 300 W.	In-Kind (describe)			9/11/20
Making Oil To	Other Receipts:	imm	100.00	17.700
Michigan City, In 46360	Interest Loan	100.00	100.00	*1
A)	Miscellaneous (specify)			Committee
Contributor's Occupation (if required)Clerical		(4		WI-THIRE
3.	Contributions:			
Warne Dolson	In-Kind (describe)			-1.1
Wayne Dolson 124 S. Woodland Ct.				9/23/25
my Ay To 1/12/0	Other Receipts:			
Mich. City, In 46360	Interest Loan Miscellaneous (specify)	100.00	100,00	
	□ Miscella reous (specify)			Committee
Contributor's Occupation (if required) Insurance				annince
4.	Contributions: Direct			
2	☐ In-Kind (describe)			
'	Other Receipts: Interest Loan			
	☐ Interest ☐ Loan ☐ Miscellaneous (specify)		e	
Contributor's Occupation (if required)	Contributions:	-		
5.	Direct			
	☐ In-Kind (describe)			
2	Other Receipts: Interest Loan			2 "
	Miscellaneous (specify)		12	
Contributed Convention (if any isself)				
Contributor's Occupation (if required)	HIS PAGE OF SCHEDULE A	\$ 1,700,00		
TOTAL OF ALL PAGES OF SCHEDULE A				
(Enter total on ITEM	15a of the Summary Sheet.)	\$		



State Form 4606 (R14 / 10-17) Indiana Election Division (IC 3-9-5-14)

(CFA-4 SCHEDULE A-3) CONTRIBUTIONS BY LABOR ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY LABOR ORGANIZATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from labor organizations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

FILE NUMBER				
	2		2	

CONTRIBUTOR'S FULL NAME AND	TYPE OF CONTRIBUTION	COLUMN A	COLUMN B	DATE RECEIVED (mm/dd/yy)
FULL MAILING ADDRESS (street, number, city, state, ZIP code)	OR OTHER RECEIPT	AMOUNT THIS PERIOD	CUMULATIVE YEAR-TO-DATE	RECEIVED BY
Laborte Democratic Civic Out Laborte, In 46350	Contributions: Direct In-Kind (describe)			1/10/20
74.00.5	Other Receipts: Interest Loan Miscellaneous (specify)	1,000,00	1,000,00	Committee_
2.	Contributions: Direct In-Kind (describe)	g		
	Other Receipts: Interest Loan Miscellaneous (specify)	(2)	w w	es .
3.	Contributions: Direct In-Kind (describe)			
2	Other Receipts: Interest Loan Miscellaneous (specify)			
4.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
5.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)		E .	**************************************
SUBTOTAL T	HIS PAGE OF SCHEDULE A	\$ 1,000,00		
TOTAL OF ALL PAGES OF SCHEDULE A	ON THE LAST PAGE ONLY	\$ 2,700,00		



Form 4606 (R14 / 10-17) Election Division (IC 3-9-5-14 State Indiana

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

FILE NUMBER					
Page _	1	_ of _	/		

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE (mm/dd/yy)
WEFM 1903 speingland A/e Mich. City, In 46360	Radio Station	Purpose:	806,00	971.00	8/22,8/24 10/9/20
Democratic Central Comm. Laforete, In	Political Org/Club	Purpose:	1,663.00	0,کامار)	7/10/20-
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code	,	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			di e
- Code	A N	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:		ē.	een võõ
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
	SUBTOTAL THIS PAG	SE OF SCHEDULE B	\$ a 469 00		
TOTAL OF ALL PA	GES OF SCHEDULE B ON THE (Enter total on ITEM 17a of the	LAST PAGE ONLY	\$2,469,00		



State Form 4606 (R14 / 10-17) Indiana Election Division (IC 3-9-5-14)

(CFA-4 SCHEDULE D) DEBTS OWED BY THIS COMMITTEE

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, OWED BY the committee during the reporting period. Include all amounts owed for or to lend institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

FILE NUMBER						
- 1			-			
Page	1	of	l			

CREDITOR'S OR LENDER'S NAME AND MAILING ADDRESS ENDORSER'S OR VENDOR'S NAME AND MAILING ADDRESS (if any)		AMOUNT	DATE DEBT INCURRED	CUMULATIVE PAID	OUTSTANDING BALANCE THIS
(street, number, city, state, ZIP code)	(street, number, city, state, ZIP code)	NATURE OF DEBT	(mm/dd/yy)	YEAR-TO-DATE	PERIOD
Lois Sosinski 7623 W. Arndt Ct. LAPORTE IN 46350 LENDERS OCCUPATION RECORDER		# 1,500.00 Loans	5/12,5/20, 1/2,7/7,		2,047.57
LENDER'S OCCUPATION: Recorder		LOANS	1019120		
					a = =
LENDER'S OCCUPATION:					
ELIDENS OCCUPATION					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION					16.4 2.4.91.2
LENDER'S OCCUPATION:					
SCHOOL COOK					-
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION.		SUBTOTA	L THIS PAGE O	F SCHEDULE D	\$204787
	TOTAL OF ALL	PAGES OF SCHEDUL	E D ON THE LAS	ST PAGE ONLY	\$2,047.87 \$2,047.87
		(Enter total on I	EW 19 of the St	unimary Sneet.)	0,011.

State Form 4606 (R15 / 5-19) ana Election Division (IC 3-9-5-14)

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT?

Yes

X NO

(CFA-4) Summary Sheet

TOTAL PAGES IN ENTIRE CFA-4 REPORT

S THIS AN AMENDMENT -		STATE THE	
COMMITTEE INFORMATION And Committee in Comm	w name.		
Full Name of Committee (as on Statement of Organization)		The base Number	
COMMITTEE ID ZIZZI		nittee Telephone Number	1
2. Acronym or Abbreviated Name (if any)	1219		9
	Check if thi	is is a new address.	
4. Mailing Address (Address where all campaign finance correspondence is received.)	- Toda	Affiliation (if applicable)	
That W. Third Ci	6. Party	Democisa T	7
5. City, State, ZIP Code LA FORTE, IN 46350 LA FORTE, INFORMATION (For Candidate)			
LA PORTE, IN 46530 CANDIDATE INFORMATION (For Candidate)	s Committee	y Affiliation or If Independen	nt Candidate
7. Full Name of Candidate (Include any nickname.)	0.1 611.7	Democrat	
7. Full Name of Calculate (1851)	10. Co	ounty of Residence	
9 Office Sought (Include district number, if any. Not required for explorate	/	LAHORTE_	THE ONLY
allete lowing		CONVENTIO	ON CANDIDATES ONLY
TYPE OF REPORT		Check one:	,
11. Check one:		Pre-Conv	
	and Statement of O	organization.) Post-Cor	nvention
Pre-Primary Pre-Election Annual Owner Continuation Outgoing Treasurer (Within ten (10) days ame		COLUMN A	COLUMN B
12. Reporting Period (mm/dd/yy): 5-8-20		This Period	Year to Date
1-1-20 Through: 0		.00	
13 Cash on hand and investments at the beginning of this reporting period.	-		.00
14. Cash on hand and investments January 1, current year. CONTRIBUTIONS AND RECEIPTS		The same	The state of the state of
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)	.)		
		547.8	547.87
15a. Itemized (Use Schedule A.)			
15b. Unitermized	SUBTOTAL	547.87	547.87
15c. Add lines 15a and 15b in both columns.	TOTAL	//2 :0	547.87
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. EXPENDITURES			
(Note: These amounts include in-kind expenditures and loan repayments.)			**************************************
(Note: These amounts include in-kind expenditures and learn topsymmetry) 17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)		Jaa. 87	522.87
17a. Itemized (Use Scriedule B.) (Fubilit Gustain: See Seriedule B.)		25.00	25,00
176. Onternized 17c. Add lines 17a and 17b in both columns.	SUBTOTAL	11-00	1 547.87
	s.) TOTAL	-	(m)
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns	<i>i.</i>)	547.87	
19. Debts OWED BY the committee (Use Schedule D.)		341.01	
20. Debts OWED TO the committee (Use Schedule E.)			
CERTIFICATION		The second secon	FOR OFFICE USE ONLY
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF	IT IS TRUE, CO		ILED
Signature of Treasurer Title Treasurer		05/12/20	N CLERKS OFFICE
Signature of Candidate (if applicable)		Date (mm/dd/yy)	
A i A A A		05/12/20	MAY 12 2020
WARNING: Any information contained in this report may not be copied for sale or used for any commercial put	urpose. (IC 3-9-4	(-5) A person who knowingly	Million .
files a fraudulent report commits a Level 6 felony. (IC 3-14-1-13) A person who fails to file a complete or Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penalties.	accurate report	t as required by the Indiana	V
Campagin manor con sommo di dice a			Kenju A.P. Rubic & OF LA PORTE CIRCUIT COUR

State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, scriedure (uver \$200, it regular party committee). All cumulative receipts, (such as loan proceeds and repayments, returns, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

	FILE	NUME	BER			
L pro					 	
Page		of		1		_

individual makes at least \$1,000 in contributions during are		COLUMN A	COLUMN B	DATE RECEIVED (mm/dd/yy)
CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS	TYPE OF CONTRIBUTION OR OTHER RECEIPT	AMOUNT THIS PERIOD	CUMULATIVE YEAR-TO-DATE	RECEIVED BY
(street, number, city, state, ZIP code)	Contributions:	i e		1/1/20-4/1da
Lois SosiNski	☐ In-Kind (describe)			
Lois SosiNski 7623 W. Apridt Ct. LAPORTE, IN 46350	Other Receipts: Interest Loan Miscellaneous (specify)	54787	547,87	Committee_
Contributor's Occupation (If required) Candidate	LOAN			
2	Contributions: Direct In-Kind (describe)		-	
	Other Receipts: Interest Loan Miscellaneous (specify)	21		
Contributor's Occupation (if required)	Contributions:			
	In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)		*	
Contributor's Occupation (If required)	Contributions:			
	☐ Direct ☐ In-Kind (describe)	-		
	Other Receipts: Interest Loan Miscellaneous (specify)			
Contributor's Occupation (if required)	Contributions:		-	
5.	Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
Contributor's Occupation (if required)	THIS PAGE OF SCHEDULE A	\$ 547,87		
TOTAL OF ALL PAGES OF SCHEDULE	A ON THE LAST PAGE ONLY	1. 61797		
(Enter total on ITE	M 15a of the Summary Sheet.)	1 JT1-	Marian Company	

State Form

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

	FILE	NUMBE	R	
Page	-1	of		

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE (mm/dd/yy)
Mobble Volunteer fire Dept 3788 W. 800 S. Union Mills IN 46382	Volunteer Fixe Det	Purpose: Olaceman Adv.	10000	10000	alaslao
WEFM 1903 Springland Ave mich. City, In 46360	Radio Station	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	165°	165°	2/29/20
uy Cool Asmothors 623 State St. LA Porte, IN 46350	Adv. Mobe	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	a57 ⁸⁷	a57 <u>87</u>	. 4/10/20
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Čode		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
ž.	SUBTOTAL THIS P	AGE OF SCHEDULE E	\$ \$5328	1	
TOTAL OF ALL					

State Form 4606 (R15 / 5-19) action Division (IC 3-9-5-14)

Indiana

(CFA-4 SCHEDULE D) DEBTS OWED BY THIS COMMITTEE

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, OWED BY the committee during the reporting period. Include all amounts owed for or to lend institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

	FILE	NUMBE	₹	
*	4 24 7	:		
[4				
Page _		of	_1_	

CREDITOR'S OR LENDER'S NAME AND MAILING ADDRESS (street, number city, state, ZIP code)	ENDORSER'S OR VENDOR'S NAME AND MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	AMOUNT NATURE OF DEBT	DATE DEBT INCURRED (mm/dd/yy)	PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD		
Lois Sosinski 7623 W. Arndt Ct Lafoete, IN 46350 LENDERS OCCUPATION RELOTATION		54787 Loans	alas, alab, ala9 4 4110120		547 <u>87</u>		
LENDER'S OCCUPATION							
LENDER'S OCCUPATION:			-				
LENDER'S OCCUPATION:							
LENDER'S OCCUPATION:	×1				8		
LENDER'S OCCUPATION:							
LENDER'S OCCUPATION:					*54787		
SUBTOTAL THIS PAGE OF SCHEDULE D TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY (Enter total on ITEM 19 of the Summary Sheet.)							



CANDIDATE'S STATEMENT OF ORGANIZATION AND DESIGNATION OF PRINCIPAL COMMITTEE OR EXPLORATORY COMMITTEE

(CFA-1)

State Form 4604 (R14 / 10-17) Indiana Election Division (IC 3-9-1-3; IC 3-9-1-4; IC 3-9-1-5)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK. SEE INSTRUCTIONS ON REVERSE SIDE.

					FILE NUMBER
1. IS THIS AN AMENDMENT	? 🗌 Yes	No If Yes	, please enter the file	number in this box. →	46-20-03
SECTION A. CANDIDAT	E INFOR	MATION: Fill		oxes as fully and accu	
2. Last Name	Firs	t Name	Middle Name	Nickname	3. Type of Committee (Check one)
Sosinski		Lois			Candidate's Principal Committee Exploratory Committee
4. Mailing Address (number and street, of T623 W. ARN	11 /	code)	5. FAX (sail Address (Optional) 5505 1405 @ gmail. Com
7. City	State	ZIP Code	8. County	9. Telephone (Day)	10. Telephone (Evening)
LAPORTE	IN	46350	LA Porte_	(219) 898-6556	
11. Party Affiliation □ Democratic □ Libertarian □ Re	nublican 🗖 (Other	12. Office Sou		y. Not required for an exploratory committee.)
/	COLUMN TO THE PERSON OF THE PE			oxes as fully and accu	
13. Full Name of Committee (Do not		Check if this is		oxes as rully and acou	ratery as possible:
Committee to	Elect	Lois S	osinski		36
14. Mailing Address (number and street, 7623 W. Arndt		IP code) ☐ Check	if this is a new address. 15	. FAX (Optional) 16. E-	mail Address (Optional)
17. City \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	State	ZIP Code	18. County	19. Telephone	20. Committee Organization Date
LAPoete	IN	46350	LAPORTE	_ (219) BAB-6551	o (mm/dd/yy) 01-08-20
21. Chairperson's Full Name	1 .1	didate as Chairpers	on.	ew chairperson.	
Lois Josins			ien.		
22. Mailing Address (number and street)	11 0	L Check	if this is a new address. 23	. FAX (Optional) 24. E-	mail Address (Optional)
7623 W. ARM	State	ZIP Code	26. County	27. Telephone (Day)	28. Telephone (Evening)
1 a Proto	TA	46350	LaPorte	219 898-6556	the rest of the state of the st
29. Bank or Other Depositories (List	all banks or o				
Members Ad	Jantaci	e Crec	1-1 11		
30. Exploratory Committee (Give brief	statement explain		ratory committee only.) 31. Sal		the committee pay the candidate a salary or
			reimbu	rsement for lost wages? If Yes, att	ach a copy of the contract.)
SECTION C. APPOINTM					以1995年,1990年的1995年的2018年
32. I, as Chairperson of committee, appoint the follow			inted Treasurer	Signature of the	Committee Chairperson
Treasurer of the Committee.		LOIS	5 Wosinski	le	o Salvish
33. Treasurer's Full Name Bos	ignate candida	ate as treasurer. [Check if this is a new trea	asurer.	
34. Mailing Address (number and street,	city, state, and Z	(P code)	if this is a new address. 35	FAX (Optional) 36. E-	mail Address (Optional)
7623 W. AR	ndt (Ct.	()	.51
137. City LA ADRTE	State	ZIP Code 46350	38. County	39. Telephone (Day) 219, 898-6554	40. Telephone (Evening) (2.19 898-6556
			T (IC 3-9-1-15)		010-6392
41. I give notice that I accept				f this Signature of Person	Accepting Appointment
Committee. I am not the cha			nance committee (exce	ept as	sixski
permitted for a candidate comm SECTION E. CERTIFICA				au Vo	FOR OFFICE USE ONLY
We certify as the candidate				nmittee and that we have	FILED
examined this statement. To th	e best of ou	r knowledge and	belief it is true, correc	t and complete.	IN CLERKS OFFICE
42. Typed or Printed Name of C		Signature of	Chairperson	Date (mm/dd/yy)	
Lois Cosins		lles	XBAULAK.	01-08-20	JAN 8 2020
43. Typed or Printed Name of C	1	Signature of	// // / ////	Date (mm/dd/yy)	JAN 8 2020
Lois Sosin	2 577	Mes	Sprink	01-08-20	
Warning: State law requires that are person who knowingly files a fraudule					Koupapeladuk
accurate report as required by the Insubject to civil penalties (IC 3-9-4-16)	diana Campa	ign Finance Law co			CLERK OF LA PORTE CIRCUIT COURT